

For your



Commonwealth of Massachusetts  
Group Insurance Commission

Your  
Benefits  
Connection

# BENEFIT

Published by the GROUP INSURANCE COMMISSION for active and retired employees of the Commonwealth of Massachusetts and participating communities

Deval Patrick, Governor

Thomas A. Shields, Chair

Dolores L. Mitchell, Executive Director

Winter 2011

## GROUP INSURANCE COMMISSION

Providing State and Participating  
Community Employees, Retirees,  
and Their Dependents with Access  
to Quality Care at  
Reasonable Costs

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## Open Enrollment for Dependents Ages 19-26

April 8 – May 9, 2011  
for Coverage Effective  
July 1, 2011

See page 3 for details.

## Be Sure to Weigh Your Options During Annual Enrollment

April 8 – May 9, 2011; Once Enrolled in a Plan,  
Maximize Your Benefits

Although annual enrollment will not be here until spring, it's important to begin thinking about what you and your family need in the way of health insurance. With health insurance costs – premiums, deductibles and copays – taking a bigger bite out of employees' paychecks, considering lower cost GIC options is a way to save hundreds of dollars each year. However, it's also important to know of some of the trade offs of lower cost health plan options.

The GIC introduced two new limited network plans in July of 2010 that offer high quality care and significant savings on health insurance premiums in exchange for smaller networks of physicians and hospitals. The Harvard Pilgrim Primary Choice Plan, a Health Maintenance Organization (HMO), and Tufts Health Plan Spirit, an Exclusive Provider Organization (EPO), joined the GIC's other HMO plans in offering reduced premiums in exchange for no out-of-network benefits, except for emergencies. *This means that if a member is seeing a specialist or planning a hospitalization, be sure to check to see if those providers are in the network if they want their bills to be covered.*

### *What does this mean to you?*

#### During Annual Enrollment

Consider enrolling in one of the GIC's HMOs (Fallon Community Health Plan Direct Care or Select Care, Harvard Pilgrim Primary Choice Plan, Health New England, and Neighborhood Health Plan) or the EPO (Tufts Health Plan Spirit) and save money every month. (The only difference between an HMO and an EPO is that EPOs do not require the selection of a Primary Care Physician (PCP)). The UniCare State Indemnity Plan/Community Choice is also an attractive money-saving option. With this plan, all Massachusetts physicians participate, but there are selected hospitals that are in the network with the lower network inpatient and other hospital services copays.

Annual enrollment checklist:

- ✓ Find out if you are eligible for the health plan (see the *GIC Benefit Decision Guide*, which will be delivered to benefits offices in April)

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## Be Sure to Weigh Your Options During Annual Enrollment

### April 8 – May 9, 2011; Once Enrolled in a Plan, Maximize Your Benefits

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- ✓ For the plans you are eligible to join and are interested in...
  - Review their benefit summaries and monthly rates, which are included in your GIC annual enrollment materials
  - Weigh features that are important to you and contact the plan to find out about benefits not described in the GIC annual enrollment materials
- ✓ For the plans you are interested in, **determine if your doctors and hospitals are in the plan's network** and which copay tiers they are in. Be sure to specify the health plan in which you are enrolled by its complete name, such as Tufts Health Plan *Spirit*, not just Tufts Health Plan. Or, contact your health plan by phone or the plan's website to find out if the provider participates in your plan. ***Note that if your doctor or hospital leaves the plan in which you have enrolled, you must select a new doctor or hospital that participates in your current plan for your care.*** Your choice of a plan is for a full year (July 1, 2011 - June 30, 2012).

**Keep in Mind:** Once you choose a health plan, you cannot change plans until the next annual enrollment, unless you move out of the plan's service area or become eligible for Medicare, at which point you must enroll in a new health plan.

**Medicare members,** be aware that some doctors may decide not to accept Medicare, possibly because they are dissatisfied with federal reimbursement rates. If you are a Medicare plan member, check with your doctors to confirm whether they participate in Medicare.

#### After Annual Enrollment

- ❖ When making a doctor's appointment or planning for a hospital admission or procedure, make sure the provider accepts your health plan. If enrolled in an HMO, make sure you see the PCP you have on file with the health plan and that you get referrals to network specialists if your health plan requires referrals.
- ❖ Some medical procedures and tests require prior authorization from the health plan to be covered at all or to be covered at the maximum amount. In general, physicians will contact the health plan to get prior authorizations, but sometimes it's up to the member to contact the plan for the authorization. It's important that you are familiar with the services that require prior authorization and you follow up with your physician to be sure that he or she has secured the prior authorization needed. Services that frequently require prior authorization are high-tech imaging procedures, such as CT scans and magnetic resonance imaging (MRIs), and physical therapy. See your health plan handbook, available on the plan's and the GIC's website, for a list of procedures that require prior authorization.

***The bottom line – weighing your health plan options at annual enrollment can save you money up front and following a plan's rules will save you unexpected and costly bills on the back end.***



John Bedard



Alex Trotsky

College students applying for this year's Tufts Scholarship awards were asked to provide suggestions to contain health care costs. John Bedard, one of the two winners, suggested that motor vehicle accident patients be asked a series of questions known to identify risk for spinal chord injury prior to having a series of costly, and sometimes unnecessary, x-rays. John Bedard is a nursing major at the University of Connecticut. He is the son of Stephen Bedard from the Massachusetts State Police.

Alex Trotsky, the second recipient, who is pursuing a career as a physical therapist at McGill University, suggested that if patients elect a more expensive provider or an optional treatment, they be required to pay more to help stem the drive to use new drugs, technologies and treatments. Alex Trotsky is the son of Donna Leete from the Executive Office of Consumer Affairs.

# Open Enrollment for Dependents Ages 19-26

## April 8 – May 9, 2011 for Coverage Effective July 1, 2011

As part of the Patient Protection and Affordable Care Act (federal health reform), coverage for most dependent children has been extended to the age of 26 effective July 1, 2011. The GIC already covers many dependents ages 19 and over as full time students or as Non-IRS or IRS dependents under Massachusetts health reform. The open enrollment for GIC age 19 to 26 dependent coverage will take place April 8 – May 9, 2011, for coverage effective July 1, 2011. In preparation for this enrollment, the following information will help members understand what is changing and how it may affect their dependent's eligibility.

*Q) Who qualifies as a dependent under the Patient Protection and Affordable Care Act (federal health reform)?*

A) The definition of a dependent under federal health reform is a son, daughter, stepson, stepdaughter, adopted child, or eligible foster child. To be eligible for coverage as a foster child, the child must be placed by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

*Q) My dependent falls under another IRS definition than described above. Is he/she still eligible for coverage?*

A) Your dependent may be eligible for health coverage under state law, which provides for coverage of two years after loss of IRS dependent coverage or age 26, whichever occurs first. Refer to the application for eligibility criteria. If eligible, complete and return the dependent application no later than May 9.

*Q) How can I enroll my dependent age 19 - 26 in coverage?*

A) Complete the Dependents Ages 19 to 26 Enrollment Application and return it to the GIC no later than May 9, 2011. The form will be available during open enrollment on the GIC's website and through your GIC Coordinator.

*Q) What documentation must I submit with my dependent's application?*

A) If you have not previously submitted the following documentation, it must accompany the dependent ages 19 to 26 application:

- ❖ Children/stepchildren: photocopy of birth certificate showing parent-child relationship of insured or insured's spouse
- ❖ Adopted children: photocopy of proof of placement letter or adoption
- ❖ Foster child: photocopy of proof of placement letter or court order

*Q) My dependent is currently enrolled in GIC health coverage as a full time student. Do I need to enroll my dependent again during the open enrollment period?*

A) No. Full time students may stay on GIC coverage as full time students until their 24<sup>th</sup> birthday or when they cease to be a full time student. At that point, the dependent may be eligible to enroll in dependent coverage under federal health reform for coverage up to age 26. Complete and return the form at that time.

*Q) My dependent is currently enrolled in GIC health coverage as an IRS or Non-IRS dependent. Do I need to re-enroll my dependent during the open enrollment period?*

A) Yes. Complete and return the enrollment form no later than the May 9 deadline to ensure that your dependent has the maximum benefit length for which he/she is eligible. The GIC will send all members who cover an IRS or Non-IRS Dependent the form before the open enrollment begins. As stated above, full-time students currently enrolled on GIC health coverage, do not need to re-enroll.

*Q) My dependent is handicapped and became mentally or physically incapable of earning his/her own living prior to age 19 and is currently enrolled with GIC health coverage. Do I need to do anything during the open enrollment to maintain my dependent's coverage?*

A) No. The GIC periodically recertifies handicapped dependent coverage. Be sure to respond to these requests to ensure uninterrupted coverage for your dependent.

*Q) My dependent is handicapped and became mentally or physically incapable of earning his/her own living at age 19 or later and is under age 26 and is currently enrolled with GIC health coverage. Do I need to do anything during the open enrollment to maintain my dependent's coverage?*

A) Yes. Complete and return the dependent enrollment application no later than May 9.

*Q) My full time student goes to school outside of our health plan's service area. May we remain in our current health plan?*

A) You may remain in your current health plan for as long as your dependent is a full time student and enrolled in GIC student coverage. However, if your dependent under age 26 ceases to be a full time student, he/she must re-enroll and must reside within the health plan's service area to be covered.

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# National Health Care Reform and Mental Health Parity Act

## What They Mean to GIC Members in 2011

Because Massachusetts is a leader in health care reform and mental health parity, its residents will not have as many changes to their health and mental health benefits as others across the country as the result of the Patient Protection and Affordability Act and the Mental Health Parity Act. However, there still will be some benefit enhancements in 2011 as a result of these laws. GIC staff has been working through the details of current state law and the new federal laws so that where state law is more generous, those benefits will also be offered in addition to federal law, and is also working on all procedures, policies, communications, and systems changes for the 2011 roll out:

- ❖ **Dependents ages 19 to 26:** Some expansion of dependent eligibility. *See page three for details. You will receive additional information during open enrollment.*
- ❖ **Preventive care cost sharing:** Preventive care services, such as cholesterol and depression screening, tobacco cessation, immunizations, and certain screenings for women, cannot be subject to copays and deductibles under federal health reform. The GIC is working with its plans to determine the services that will not be subject to employee out-of-pocket costs as of July 1, 2011, and additional information will be provided during annual enrollment.
- ❖ **Mental health and health plan benefits for UniCare State Indemnity Plan active employee plans (Basic, Community Choice and PLUS), Tufts Health Plan Navigator and Harvard Pilgrim Independence Plan:** The GIC's

mental health benefits historically have been very rich and under the Mental Health Parity Act, calendar year deductibles must be shared between medical and mental health benefits. Mental health copays also cannot be higher than medical copays. These two changes will essentially benefit mental health patients.

The majority of the changes necessary to comply with the national mental health parity law are for out-of-network benefit copays and deductibles; the benefits themselves have not changed. Each health plan will notify its members about the applicable benefit changes effective January 1, 2011; the updated UBH benefits-at-a-glance grids for UniCare State Indemnity and Tufts Navigator Plan members are available on the GIC's website: [www.mass.gov/gic](http://www.mass.gov/gic). *For additional details, contact your health plan or United Behavioral Health (UniCare and Tufts Navigator members). See page 7 for contact information.*

Federal health reform and the Mental Health Parity Act do not affect any of the GIC's Medicare health plans. Although Medicare members' dependents could have been excluded from extended dependent coverage up to age 26, the GIC is pleased to be extending this coverage to all GIC members' dependents effective July 1, 2011. Other federal health reform provisions will go into effect later than 2011 and we will keep you apprised of these changes and how they affect members as details are known.



*Every year, the GIC selects a local charitable organization to support during the holiday season. For 2010, the GIC supported the Crittenton Women's Union, which helps low-income women attain economic independence and create better futures for themselves and their families. Robin Rich, Director of Development for the Crittenton Women's Union, talked about the struggles of the families they serve at the annual giving tree breakfast. GIC staff each purchased gifts for the children served by Crittenton. Pictured in the background are Richard Ilgen, Anne McKenzie and Ajay Monteiro of the GIC.*



# Look for Your Annual Benefit Statement Before the Beginning of February

## *NEW! – Municipal Member Benefit Statements*

All GIC members with coverage as of January 1, 2011, will be mailed a personalized benefit statement at the end of January. This statement gives you an overview of the benefits you have with the GIC and who you cover, and helps you make sure your records with the GIC are up-to-date before annual enrollment begins.

For the first time, municipal employees and retirees will also receive a benefit statement. “At last year’s benefits training, municipal benefit coordinators noted that some of the date of birth information had not been transmitted accurately during the conversion process to the GIC; therefore, some members did not receive important mailings, such as Medicare enrollment,” said Paul Murphy, GIC Director of Operations. In response to this concern, several GIC departments worked over the summer to develop a customized municipal benefit statement to help these members check on the accuracy of their personal information. “We’re pleased to offer this new communication to our municipal members and we think they will find it helpful,” said Mr. Murphy.



Over 700 employees covered by the GIC, who work at Quinsigamond Community College, UMass Medical Center and Worcester State University, participated in the Road Bowl, an eight-week walking challenge co-sponsored by Fallon Community Health Plan and the Colleges of the Worcester Consortium. Walkers tracked their mileage on a dynamic web-site that calculated team progress for each of the twelve participating colleges. Team prizes were awarded at the closing ceremony on November 18, and one of the Quinsigamond teams took home the winning prize.

When you receive your benefit statement, review it carefully to see if there are any errors:

- ❖ Spelling of your name and covered dependents;
- ❖ Status of your covered dependents;
- ❖ Life insurance beneficiary (state employees and retirees only);
- ❖ Home address; and
- ❖ Marital status of you, and if applicable, your former spouse

Forms and instructions to make changes will be enclosed with the mailing. **If everything is correct on your benefit statement, you do not need to do anything except file it with your important papers.** *Note that this is the only statement you will receive in 2011.*

### State Employees

In cooperation with the State Board of Retirement, state employees who participate in the State Board of Retirement’s (SRB) retiree benefits will receive SRB beneficiary details on the back of their GIC benefit statement. The SRB beneficiary is different from your GIC beneficiary, which appears on the front of the benefit statement and is used for GIC life insurance proceeds. Your SRB beneficiary receives certain pension benefits as well as payment of any unused vacation and sick time owed in the event that you die while still in active state service and before your retirement. State employees will receive in their mailing an SRB beneficiary form for correcting or updating their SRB beneficiary.

### The GIC’s Annual Public Hearing Wednesday, February 2, 2011 12:30 p.m. – 2:30 p.m.

Minihan Hall, 6th Floor  
Charles F. Hurley Building  
19 Staniford Street, Boston, MA 02114

*All GIC-eligible employees and retirees are welcome to attend our annual public hearing. The GIC will describe benefit and premium prospects for FY12, and all attendees are invited to provide feedback.*

# Retail Clinics Offer an Alternative for Sick Visits

by Anton Dodek, M.D., Tufts Health Plan



With the arrival of retail clinics in the Commonwealth in 2008, patients seeking urgent or acute care can now choose from several options: an appointment with a primary care provider, a trip to the emergency room/urgent care center or a visit to a pharmacy-based retail clinic.

There are now 20 retail clinic sites in the state. Although the advent of these retail clinics generated controversy in the medical community, many patients have found them to be not only convenient, but also a safe and affordable option.

Most patients prefer to see their primary care physician (PCP) when they are sick. After all, your doctor knows you or your child best. Your PCP knows your medical history, medications, allergies and immunization status and, in many ways, is in the best position to provide care for a sick visit.

Timely access to the doctor, however, may be a barrier for some patients as PCPs are often tightly booked. In addition, many people feel that they cannot afford to take time off from work to seek care for a simple illness such as a sore throat, urinary tract infection or ear ache. It is in this setting that retail clinics have found a niche.

Most often staffed by a nurse practitioner under the supervision of a physician, appointments are not required and the clinic is usually open nights and weekends.

Retail clinics do have some limitations. For example, in Massachusetts, retail clinics are not licensed to see children younger than two years of age. In addition, a retail clinic is not the appropriate setting to seek care for true emergencies such as chest pain. Neither is it a substitute for a pediatrician when your child needs to update his/her immunization status.

While minor illnesses are easily evaluated in this setting, retail clinics should not replace a relationship with a PCP.

Finally, no matter where you decide to seek care, communication with your doctor is important. If you are treated outside of the doctor's office, make sure that your physician receives a summary of your care. You should also ask for a copy of the treatment record to take to your doctor in case follow-up care is recommended.

*Dr. Anton Dodek is a senior medical director at Tufts Health Plan, a fellow of the American Academy of Pediatrics, and Assistant Professor of Pediatrics at Tufts University School of Medicine. As a practicing pediatrician for over 20 years, Dr. Dodek has extensive clinical experience in treating primary care conditions.*

## Congratulations to GIC Health Plans and the GIC for Deserved Recognition

Many of the GIC's health plans earned top billing in the National Committee for Quality Assurance's (NCQA's) 2010-2011 rankings of health plans across the nation. NCQA is the accrediting organization for managed care plans, physicians, and medical homes, and the rankings encompass consumer satisfaction, prevention, treatment, and accreditation.

- #1 Harvard Pilgrim Health Care
- #2 Tufts Associated Health Maintenance Organization
- #8 Fallon Community Health Plan
- #10 Health New England

These rankings appeared in the November issue of *Consumer Reports*, and are also available on Consumers Report's parent organization's website, [www.consumersunion.org](http://www.consumersunion.org). For additional details about the NCQA rankings, visit [www.ncqa.org](http://www.ncqa.org).

The GIC's Executive Director, Dolores L. Mitchell, has been appointed as President-Elect of NCQA. She noted that board members and officers do not participate in the selection of these awards! Mrs. Mitchell was also recently elected to the Board of the National Quality Forum, which sets national priorities, goals, and endorses measurement sets for health care performance improvement, reporting and communicating them.

Congratulations to the GIC and its health plans!

## Open Enrollment for Dependents Ages 19-26, April 8 – May 9, 2011 for Coverage Effective July 1, 2011

*continued from page 3*

*Q) My dependent age 19 to 26 lives outside of our health plan's service area. May we stay in the same health plan and enroll our dependent in coverage?*

A) No. If a family member moves or resides outside of a health plan's service area and is not a full-time student, the entire family must enroll in the UniCare State Indemnity Plan/Basic, which is the only GIC employee health plan available throughout and outside of the United States. The only exception is for dependents who are full time students; see preceding question and answer on page 3.

*Q) My dependent age 19 to 26 is working and is eligible for coverage through his/her employer. Is my dependent eligible to enroll in my GIC family health plan?*

A) Yes. Your dependent may enroll in GIC coverage up to the age of 26 providing he/she lives in your health plan's service area. Alternately, he/she may enroll in his/her employer's health plan.

*Q) If I miss the Annual Enrollment period, April 8th to May 9th, can I enroll my dependent age 19 to 26 in GIC health coverage at any time during the year?*

A) No. You may apply for coverage for your dependent age 19 to 26 as a new employee, when he/she turns age 19, during the GIC's Annual Enrollment period, or with proof of loss of other health insurance coverage. The GIC mails all enrollees who have a dependent turning age 19 a *Dependents Ages 19 to 26 Enrollment Application* the month prior to the dependent turning age 19.

*Q) Will there be additional reminders about the dependent open enrollment period before April 8?*

A) Yes. The *GIC Benefit Decision Guide*, our website, annual enrollment home mailings and other annual enrollment materials will all include information about the dependent ages 19 to 26 open enrollment.

### GIC BENEFIT ACCESS Health Insurance

Fallon Community Health Plan Direct Care, Select Care, Senior Plan	1-866-344-4442 www.fchp.org
Harvard Pilgrim Health Care Independence Plan, Primary Choice Plan Medicare Enhance	1-800-333-4742 www.harvardpilgrim.org/gic www.harvardpilgrim.org
Health New England HMO, MedPlus	1-800-310-2835 www.hne.com
NHP Care ( <i>Neighborhood Health Plan</i> )	1-800-462-5449 www.nhp.org
Tufts Health Plan Navigator, Spirit Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1-800-870-9488 www.tuftshealthplan.com/gic 1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Medicare Complement, Medicare Preferred	1-888-333-0880 www.tuftshealthplan.com
UniCare State Indemnity Plan Basic, Community Choice, Medicare Extension (OME), & PLUS Prescription Drugs ( <i>CVS Caremark</i> )	1-800-442-9300 www.unicarestatplan.com 1-877-876.7214 www.caremark.com
Mental Health/Substance Abuse and EAP ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)

### Other Benefits for State Enrollees



Life Insurance and AD&D ( <i>The Hartford</i> )	Call the GIC 1-617-727-2310, ext. 1 www.mass.gov/gic
Long Term Disability (LTD) ( <i>Unum</i> )	1-877-226-8620 www.mass.gov/gic
Health Care Spending Account (HCSA) & Dependent Care Assistance Program (DCAP) ( <i>Benefit Strategies</i> )	1-877-353-9442 www.mass.gov/gic
GIC Retiree Vision Discount Plan ( <i>Davis Vision</i> )	1-800-783-3594 www.davisvision.com
GIC Retiree Dental Plan ( <i>MetLife</i> )	1-866-292-9990 www.metlife.com/gic
Dental Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>MetLife</i> )	1-866-292-9990 www.metlife.com/gic
Vision Benefits for Managers, Legislators, Legislative staff and Executive Office staff ( <i>Davis Vision</i> )	1-800-650-2466 www.davisvision.com

### Other Resources

Employee Assistance Program (EAP) for Managers and Supervisors ( <i>United Behavioral Health</i> )	1-888-610-9039 www.liveandworkwell.com (access code: 10910)
Massachusetts Teachers' Retirement System	1-617-679-6877 (Eastern MA) 1-413-784-1711 (Western MA) www.mass.gov/rmtts
Medicare ( <i>Federal Program</i> )	1-800-633-4227 www.medicare.gov
Social Security Administration ( <i>Federal Program</i> )	1-800-772-1213 www.ssa.gov
State Board of Retirement	1-617-367-7770 www.mass.gov/retirement

### Other Questions

Group Insurance Commission TDD/TTY Access	1-617-727-2310 1-617-227-8583 www.mass.gov/gic
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Dolores L. Mitchell, Executive Director  
Cindy McGrath, Editor

*Providing Massachusetts State and Participating Community Employees,  
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## Inside...

- Open Enrollment for Dependents Ages 19-26
- National Health Care Reform and Mental Health Parity Act
- Congratulations to GIC Health Plans and the GIC for Deserved Recognition

# Commission Must Be Willing to Do More to Make Significant Impact on Rising Health Care Costs While Providing Comprehensive Benefits



**H**ealth care continues to be a cost driver, and fiscal year 2012 will again be a challenging year for the state, according to Administration and Finance Designee to the GIC Katie Luddy. She says the GIC will play an important role in the Administration's efforts to address rising health

care costs. "The GIC has already taken the lead in offering new, affordable options to employees through limited networks; however, it is clear that in order to make a significant impact on rising costs, we'll have to do more," says Commissioner Luddy. The Commissioner says the Commission will need to re-examine all aspects of how it provides benefits, including cost sharing and the enrollment process.

As a Commissioner, Ms. Luddy is committed to balancing costs between the Commonwealth and its employees, offering Commonwealth employees health benefits comparable to the private sector. As a Commonwealth employee herself,

she knows that GIC benefits are an important part of compensating valued state employees. "It is the Commission's responsibility to provide competitive benefits while ensuring the Commonwealth can still maintain its commitment to education, public safety, and other services upon which residents rely," she says.

As Director of Administration with the Commonwealth of Massachusetts Executive Office for Administration and Finance, Ms. Luddy executes fiscal and administrative policies of state government. Maintaining daily oversight of agencies on behalf of Secretary of A&F, Jay Gonzalez, she helps ensure that A&F agencies are operating within available funds. For agencies exceeding their budget, she helps them develop plans to spend only available funds while minimizing the impact to residents, businesses and employees of the Commonwealth. She has served in A&F for five years and prior to her promotion to Director, was the Assistant Budget Director at A&F for the GIC and Health and Human Services.